

Montgomery County Care

A Health Care Services Program for Uninsured Adults

Member Handbook

April 2012



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WELCOME

Welcome to **Montgomery County Care**. Montgomery County Care is a pilot health care services program that provides a cost-effective primary care medical home for eligible uninsured adults who live in Montgomery County. (This is not an insurance program.) Features of the program include:

- Primary care visits at Community Health Centers of Greater Dayton, Five Rivers Health Centers, or other designated primary care provider
- Basic outpatient lab services through your primary care provider. X-ray services through the Victor J. Cassano Health Center and Grandview Medical Center when ordered by your primary care provider.
- Specialty care office visits with a referral from your primary care provider. Disease management for chronic conditions like diabetes and asthma
- Generic prescription drugs based on a limited formulary; plus certain insulin and diabetic supplies and selected asthma medications
- A 24-hour nurse advice line
- Minimal co-pays
- Case Management

Please read this handbook from cover to cover. It will answer many questions you might have.

Who is eligible?

- Montgomery County residents who are uninsured, at least 19 but not yet 65, and are U.S. citizens
- Individuals with household income below 200 percent of the FPL (Federal Poverty Level). Please see chart below.
- Individuals not eligible for Ohio Medicaid, Medicare or SCHIP

Income Eligibility Guidelines				
Gross Monthly Income				
Family Size				
	1	2	3	4
200% FPL	\$1,862	\$2,522	\$3,182	\$3,842

Once an individual is enrolled for Montgomery County Care, health care benefits will be administered by CareSource, a managed health care company, through Community Health Centers of Greater Dayton, Five Rivers Health Centers, other designated primary care provider and a network of specialty providers in Montgomery County.

An approved member will remain eligible for coverage for 12 months from the start date, within the coverage limits of the program, as long as the program remains funded.

Please note: Changes in your household income or adding other medical coverage may change your eligibility for the Montgomery County Care program.

What costs are involved?

There are no annual premiums for individuals enrolled in the Montgomery County Care program. However, the program does require minimal co-pays for some services and prescription drugs. The program has a total individual benefit limit of \$30,000 per calendar year that includes a \$2,000 pharmacy benefit limit.

The co-pay schedule is below:

Montgomery County Care Co-Pay Amounts	
Office Visit	\$5
Specialty Care.....	\$10
X-ray	\$5
Prescription Drugs.....	\$5
(\$2,000 annual pharmacy benefit limit)	

How to enroll

You must complete an application form and be approved to be enrolled in Montgomery County Care. You can call Member Services at **1-877-892-7482** (TTY for the hearing impaired: 1-800-750-0750 or 711) with questions about the enrollment process.

A parent or legal guardian may complete an application for another person. They must sign the application to acknowledge that they completed it for another person.

If the application is approved, CareSource will send a letter stating the start date of coverage in the Montgomery County Care program. You will receive your Montgomery County Care member ID card in a separate mailing. Each member of your household who has joined Montgomery County Care will receive his or her own card. You must reapply each year to stay in the Montgomery County Care program. CareSource will mail you a re-enrollment packet prior to your anniversary date.

Montgomery County Care is a pilot program covering a limited number of enrollees. You may qualify for the program, but you may be put on a waiting list if the program is not accepting new members at that time.

Member Services

We know that understanding your health care benefits can be confusing. If you have a question or need to contact us, please call Member Services at **1-877-892-7482** (TTY for the hearing impaired: 1-800-750-0750 or 711).

CareSource Member Services is open Monday through Friday, 7 a.m. to 7 p.m., except on the holidays listed below. You can call to:

- Ask questions about your eligibility and benefits
- Request a new member ID card
- Select or change your primary care provider (PCP)
- Let us know about a name or address change
- Tell us how we can serve you better
- Ask questions about a bill
- Learn about our services to help you live a healthy life

Please have your member ID number when you call. This will help us serve you better.

CareSource Member Services is closed on:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- The day after Thanksgiving
- The day before Christmas
- Christmas Day

A holiday that falls on a Saturday is observed on the Friday before it. One that falls on a Sunday is observed on the Monday after it.

CareSource 24 (24-Hour Nurse Advice Line)

With CareSource 24, you can have unlimited access to talk to a caring and experienced staff of registered nurses at our toll-free number. You can call 24 hours a day, 7 days a week, 365 days a year (including holidays). CareSource 24 services are available at no cost to you. Our nurses can help you:

- Decide when self-care, a provider visit, or the emergency room is appropriate
- Understand a medical condition or recent diagnosis
- Prepare questions for provider visits
- Find out more about prescriptions or over-the-counter medicines
- Get information on diagnostic or surgical procedures
- Learn about nutrition and wellness

To reach CareSource 24, our 24-hour Nurse Advice Line, call **1-866-206-0701** (TTY for the hearing impaired: 1-800-750-0750 or 711).

Identification (ID) Cards

You will receive your Montgomery County Care member ID card in a separate mailing. Each member of your household who has joined Montgomery County Care will



receive his or her own card. Each card is good for as long as the person is a Montgomery County Care member.

Call Member Services at **1-877-892-7482** (TTY for the hearing impaired: 1-800-750-0750 or 711) if:

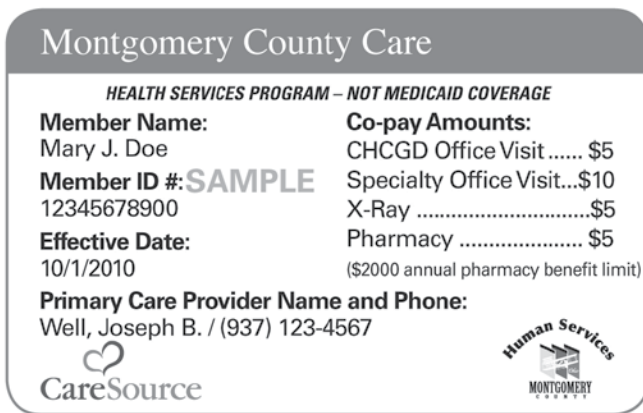
- You do not receive your member ID card within the next few days
- Any of the information on the card is wrong
- You lose your card

A new Montgomery County Care ID card will be automatically mailed to you whenever you change your primary care provider.

Always keep your ID card with you. You will need it when you:

- See your PCP
- See a specialist
- Get a prescription
- Get an X-ray
- Have medical tests

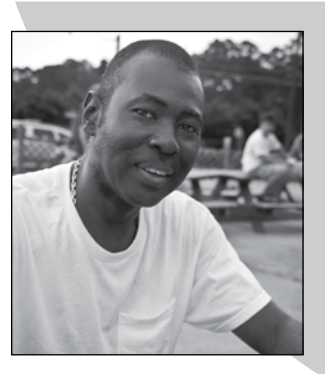
Below is a sample Montgomery County Care member ID card:



Montgomery County Care website

You can find answers to many questions at the Montgomery County Care website. The website address is **www.montgomerycountycare.com**. On the website, you can learn more about:

- How to contact us
- Member benefits
- Staying well
- Your rights and responsibilities
- How to file a complaint
- And much more



YOUR PRIMARY CARE PROVIDER (PCP)

Where you can go for care

The Community Health Centers of Greater Dayton, Five Rivers Health Centers or other designated primary care provider are the primary care medical home for the Montgomery County Care program. When you need health care, call the facility where you have been assigned to make an appointment:

Community Health Centers of Greater Dayton

- Charles Drew Health Center
1323 West Third Street
Dayton OH 45402
Phone: (937) 461-4336
- Corwin Nixon Health Center
2351 Stanley Avenue
Dayton OH 45404
Phone: (937) 228-0990
- East Dayton Health Center
2132 East Third Street
Dayton, OH 45403
Phone: (937) 528-6850
- Victor J. Cassano Health Center
165 Edwin Moses Blvd
Dayton, OH 45402
Phone: (937) 558-0200

Five Rivers Health Centers

- Family Health Center
2345 Philadelphia Drive
Dayton, OH 45406-1816
(937) 734-4141

- Medical Surgical Health Center
725 S Ludlow St
Dayton, OH 45402-2610
(937) 208-8814

When you need health care, call the center where your PCP is based to make an appointment. When you join Montgomery County Care, it is important to remember that you must receive all covered health care services from your PCP or from an in-network specialty provider.

Choosing a Primary Care Provider

When you enroll in the Montgomery County Care program, you will be asked to select a primary care provider (PCP) or practice from among the physicians and nurse practitioners of the Community Health Centers of Greater Dayton, Five Rivers Health Centers, or other designated primary care provider. If you do not select a PCP, one will be assigned to you. Your PCP is your personal health care provider who will provide your care or send you to other providers (specialists) if needed.

Your PCP will work with you to coordinate your health care. Your PCP will treat you for most of your health care. If needed, your PCP will send you to other providers (specialists). Your PCP's name and phone number are on your Montgomery County Care member ID card.

Changing your PCP

We hope that you are happy with the PCP you have chosen, but we know that you may decide to choose a different PCP in the future. If for any reason you want to change your PCP, you must first call the Member Services department to ask for the change. You can change your PCP as often as once a month, if needed. CareSource will send you a new member ID card to let you know that your PCP has been changed and the date you can start seeing the new PCP.



For the names of the PCPs in our network, you can visit our website at www.montgomerycountycare.com, or you can call Member Services at **1-877-892-7482** (TTY for the hearing impaired: 1-800-750-0750 or 711).

Making appointments with your PCP

Schedule visits with your PCP as far in advance as possible. Always keep your scheduled appointments. If you need to reschedule, change or cancel an appointment, call your PCP at least 24 hours in advance.

COVERED SERVICES

As a member of Montgomery County Care, you will get all of the services covered by the program. Covered services include:

- Primary care office visits at Community Health Centers of Greater Dayton, Five Rivers Health Centers or other primary or other designated primary care provider
- Specialty care office visits for select services. You must have a referral from your primary care provider so that he or she can coordinate your care. The specialist can consult with you so that you can better understand medical conditions you may have. They may also prescribe medications using the prescription formulary found on the Montgomery County Care website. However, Montgomery County Care covers only a very limited number of outpatient procedures:
 - Gastroenterology — colonoscopies and upper endoscopies (EGDs)
 - Podiatry — foot care related to diabetes and vascular deficiency
 - Dermatology — excisions and biopsies
 - Cardiology — in-office EKGs

Members are financially responsible for any procedures not covered by the program. If you or the specialist have questions on what is covered, please call CareSource at 1-877-892-7482. Specialists must have an office in Montgomery County.

- Outpatient lab services through CompuNet when ordered by your primary care provider
- X-ray services through the Victor J. Cassano Health Center or Grandview Medical Center when ordered by your primary care provider
- Generic prescription drugs based on a limited formulary; plus certain insulin and diabetic supplies and selected asthma medications
- Case management
- CareSource 24, 24-hour Nurse Advice Line

Services not listed above are not covered by Montgomery County Care. Please call Member Services at 1-877-892-7482 (TTY for the hearing impaired: 1-800-750-0750 or 711) with questions about covered services.

SERVICES NOT COVERED

Some services that are not covered under the Montgomery County Care program include:

- Any condition for which an enrollee is eligible to receive health care services or benefits through a public or private benefit, program or insurance
- Abortions
- Acupuncture
- Alcohol/Substance Abuse (except behavioral counseling provided by CHCGD and FRHC)
- Allergy Testing/Treatment
- Ambulance services
- Bone density scan
- Chiropractic services
- Dental services
- Dialysis
- Durable Medical Supplies (with the exception of certain diabetic supplies)

- Emergency Room services
- Experimental procedures, treatments or drugs
- Hearing care, hearing aid services or materials
- Home Health services or personal care
- Hospice care
- Imaging services (except X-ray through Victor J. Cassano Health Center or Grandview Medical Center)
- Immunizations
- Infertility services
- Inpatient hospital services
- Laboratory and radiology services outside of the community health centers
- Mammograms (members are referred to community organizations that provide this service for the uninsured)
- Maternity or obstetrical services
- MRI, PET and CT scans
- Mental Health services except through CHCGD and FRHC
- Nursing Home facility care
- Occupational therapy
- Over-the-counter medicines or supplies (i.e., first aid materials or vitamins)
- Physical Therapy
- Podiatry services (except for diabetes and vascular deficiency)
- Prosthetics and orthotics, corrective shoes or wigs
- Radiation/Chemotherapy services
- Select laboratory and diagnostic services
- Services considered to be cosmetic
- Services or supplies related to sex or gender change
- Services received before the effective date of coverage or after the termination of enrollment
- Services that are not medically necessary



- Speech therapy
- Transplants
- Transportation
- Urgent care services
- Vision services
- Weight reduction services or programs

PHARMACY

Prescription Drugs

CareSource uses a preferred drug list (PDL). These are the drugs that we prefer that your provider prescribe. Most prescriptions for Montgomery County Care members are filled with generic drugs. All require a \$5 co-pay for a 30-day supply. **Prescriptions can only be filled at pharmacies located in Montgomery County.**

Prescriptions for insulin, diabetic supplies and selected asthma medications must be filled at one of the following pharmacies:

Cassano Pharmacy
165 Edwin C Moses Blvd.
Dayton, OH 45402
(937) 558-0199

Zik's Pharmacy
1130 W. Third Street
Dayton, OH 45402
(937) 225-9350

A list of drugs that are covered in the program can be found on our website at www.montgomerycountycare.com. You can also call Member Services at **1-877-892-7482** (TTY for the hearing impaired: 1-800-750-0750 or 711) if you have questions about your pharmacy benefit.

The program has an individual pharmacy benefit limit of \$2,000 per calendar year. Quantity limits may be placed on some medications.

OTHER BENEFITS

Case Management and Outreach Services

CareSource has registered nurses, outreach workers and other health care professionals, such as social workers on

staff, who can work with you one-on-one to help coordinate your health care needs. A limited number of higher-acuity Montgomery County Care members are assigned case managers. A CareSource Care Management professional can contact you by phone:

- If your provider requests one to contact you
- If our Care Management staff feels our services would be beneficial to you

We may ask questions to help us learn more about your condition(s). Our staff is trained to help you with any special medical conditions you may have like diabetes or asthma. We will give you information to help you understand how to take care of yourself. We can also tell you how to access services such as local community resources.

Our staff may talk with your PCP and other service providers to help with the coordination of your care. Our nurses also can help you decide when self-care, a provider visit, or the emergency room is appropriate.

Health information and education

Preventive medical care is an important part of keeping you healthy. Regular care helps your PCP find problems early so they can be treated before they get worse.

Knowing how to lead a healthy lifestyle also helps you stay well. You can find health information on the Montgomery County Care website at www.montgomerycountycare.com.

YOUR MEMBERSHIP RIGHTS

As a member of Montgomery County Care you have the following rights:

- To be treated with respect and with regard for your dignity and privacy.
- To be sure that your medical record information will be kept private.
- To be given information about your health. This information may also be available to someone who you have legally approved to have the information or who you have said should be reached in an emergency when it is not in the best interest of your health to give it to you.
- To be able to take part in decisions about your healthcare unless it is not in your best interest.

- To get information on any medical care treatment, given in a way that you can follow.
- To be sure that others cannot hear or see you when you are getting medical care.
- To be free from any form of restraint or seclusion used as a means of force, discipline, ease, or revenge as specified in Federal regulations.
- To ask, and get, a copy of your medical records, and to be able to ask that the record be changed/ corrected if needed.
- To be able to say “yes” or “no” to having any information about you given out unless CareSource has to by law.
- To be able to say “no” to treatment or therapy. If you say no, the provider must talk to you about what could happen and they must put a note in your medical record about it.
- To be told if the health care provider is a student and to be able to refuse his/her care.
- To be told of any experimental care and to be able to refuse to be part of the care.
- To make advance directives (a living will).
- To file any complaint about not following your advance directives with the Ohio Department of Health.
- To file any complaint about not following your advance directives with the Ohio Department of Health.
- To be free to carry out your rights and know that CareSource or CareSource’s providers will not hold this against you.
- To know that the managed care plan must follow all federal and state laws, and other laws about privacy that apply.
- To be able to file a complaint if you are unhappy with Montgomery County Care or its providers.



YOUR MEMBERSHIP RESPONSIBILITIES

As a member of Montgomery County Care you must also be sure to:

- Notify CareSource of a change in income
- Notify CareSource of a change in your phone number or address
- Understand the limits of the benefits provided by the Montgomery County Care program
- Ensure co-payments are paid upon receiving services
- Use only approved providers
- Keep scheduled provider appointments, be on time, and if you have to cancel, call 24 hours in advance
- Follow the advice and instructions for care you have agreed upon with your providers and other health care providers
- Always carry your ID card and do not let anyone else use your ID card
- Always present your ID card when receiving services
- Fill prescriptions for insulin, diabetic supplies and selected asthma medications only at a designated pharmacy
- Let us know if you have other health insurance coverage
- Provide the information that CareSource and your health care providers need in order to provide care for you
- Understand as much as possible about your health issues and take part in reaching goals that you and your health care provider agree upon

Members are patients of the Community Health Centers of Greater Dayton, Five Rivers Health Centers, or other designated primary care provider and must abide by their guidelines for conduct. Violent or threatening behavior, abusive language or gestures, possession of a weapon on provider property, sexual harassment or any other type of harassment, non-compliance with prescribed services, altering prescriptions, altering physician notes or forms, unwillingness to pay, and chronic failure to keep appointments are among the reasons a patient can be dismissed. If a Montgomery County Care member is removed from the services of the Community Health Centers

CareSource may not discriminate on the basis of race, color, religion, sex, sexual orientation, age, disability, national origin, veteran’s status, ancestry, health status, or need for health services in the receipt of health services.

of Greater Dayton, Five Rivers Health Centers or other designated provider, he or she will also be disenrolled as a member of Montgomery County Care.

CareSource reserves the right to disenroll a member of Montgomery County Care in the event the member shares a membership card with other people, uses or attempts to use the program to obtain controlled substances they do not need, alters prescriptions, or makes false statements or omissions on an application.

If you wish to appeal a decision CareSource has made, you may make a formal grievance. You may file a grievance by writing to the CareSource Grievance Dept, PO Box 1947, Dayton OH 45401. We will respond to your grievance within 30 days.

HOW TO NOTIFY CARESOURCE OF A PROBLEM

We hope you will be happy with the Montgomery County Care program. If you have a problem with the program or our providers, you should contact us as soon as possible. You, or someone you want to speak for you, can contact us. If you want someone to speak for you, you will need to let us know this. To contact CareSource, call Member Services at **1-877-892-7482** (TTY for the hearing impaired: 1-800-750-0750 or 711).

CARESOURCE NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

CareSource respects your right to privacy. This notice explains how, when and why we use or share the Protected Health Information (PHI) we keep about you.

Your PHI includes information used to identify you and to document your health, your medical treatment, or payment for health care you receive.

This notice also explains your rights with respect to your PHI.

The CareSource Privacy Officer can be reached by mail at:

CareSource
Attn: Privacy Officer
P.O. Box 8738
Dayton, OH 45401-8738

Or by telephone at **1-800-488-0134** (TTY for the hearing impaired: 1-800-750-0750 or 711). Please use this address or phone number for any issue in this notice that asks you to contact the CareSource Privacy Officer.

How and when we use or share your PHI

CareSource is required by law to keep your PHI private. We must also give you this notice of our legal duties and how we keep your information private. Below are the ways the law allows or requires us to use or share your PHI without getting your permission.

To pay claims — We may use or share your PHI in order to pay for health services you receive. For example, we may use information about your treatment or condition to make sure the services you get are covered by CareSource. We may also give your PHI to another health plan that may need it to process and pay claims for you.

To operate our business — We may use or share your PHI to administer our health plan. For example, we may use it to review and improve the quality of health care you receive, to contact you to remind you about an appointment, to tell you about a different type of treatment, or to send you health-related materials.

Sometimes we give your PHI to outside organizations so they can assist us with our operations. They include lawyers, accountants, consultants and others. We require them to keep your PHI private, too.

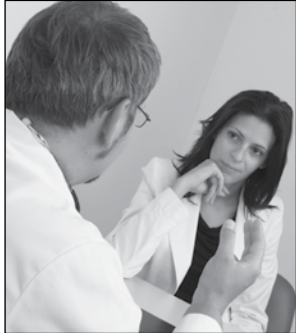
So you can get treatment — We may share your PHI with a friend, a family member or others when you need care and are unable to make health care decisions for yourself at the time. For example, if you are unconscious or if there is an emergency, we may find it in your best interest to share your PHI with a relative or friend so they can help you get the care you need. If you are able to make health care decisions for yourself, we will not share your PHI with others unless you ask us to.

Other uses and disclosures — We may share your PHI:

- For any purpose required by law
- For public health activities such as required reports of diseases, injuries, births or deaths
- If we think you or a child is involved in or a victim of abuse, neglect or domestic violence

- If a government agency is doing an investigation
- If a court orders us to (In most cases, you will be notified of this)
- To report crimes or injuries to law enforcement agencies
- To a coroner or medical examiner so that a deceased body can be identified or to learn the cause of death
- To arrange an organ or tissue donation or transplant for you
- For research approved by an institutional review board that has rules to ensure privacy
- If you are a member of the military or for national security activities
- To obey workers' compensation laws
- If we believe, in good faith, that it is necessary in order to save someone else's health or life

We will not use or share your PHI for any other purpose unless you sign a form that permits us to. If you sign a form then change your mind, you can take back your permission for future uses by writing to the CareSource Privacy Officer.



Special Rules for Disclosure of Your Mental Health, Substance Abuse, HIV/AIDS, and Long-term Care Information — Ohio law requires that we obtain your authorization in many instances before disclosing the performance or results of an HIV test or diagnosis of AIDS or an AID-related condition; before disclosing information about drug and alcohol treatment you may have received in a drug and alcohol treatment program; before disclosing information about mental health services you may have received; and before disclosing certain information to Ohio's long-term care investigators. For full information on when such authorization may be necessary, you can contact the CareSource Privacy Officer.

Your rights

You have the right to:

- Look at or get copies of your PHI that we have. Requests are normally fulfilled within 30 days.
- Receive a list of times we have disclosed (shared) your PHI for the past six (6) years before your request.
- Ask us to change or correct your PHI. Your request must include your reason for it. We will carefully consider all change requests. However, we are not required to make them. If we do make a change, we may also notify others who work with us and who have copies of the uncorrected records if we think they need to know.
- Ask us to limit how we use or share your PHI for certain purposes. We will carefully consider all requests. However, we are not required to make them. If we agree to a limit, both you and CareSource have the right to cancel the agreement. If CareSource cancels the agreement, we will notify you.
- Ask us to send communications regarding your PHI to you in another way or to another place. For example, if you don't want messages left on your answering machine or if you want information mailed to a different address, you can request it. We will accommodate requests that clearly provide information that the disclosure of all or part of the information could endanger you.

Please make the above requests in writing. They must be signed by you or your representative. If you would rather use one of our printed forms to make your request, you can ask for forms from the CareSource Privacy Officer. Please send all requests to the CareSource Privacy Officer.

You also have the right to:

- Get a paper copy of this notice.
- File a written complaint with the CareSource Privacy Officer if you feel your privacy rights have been violated. You can also file a written complaint with the Secretary of the U.S. Department of Health and Human Services within 180 days of when you think your rights were violated. You will not be penalized for filing a complaint.

Effective date

This original notice was effective April 14, 2003. We must

follow the terms of this notice as long as it is in effect. If needed, we can change the notice and the new one would apply to all PHI we keep. If this happens, we will mail you a copy of the new notice. You can also ask for a paper copy of our notice at any time by mailing a request to the CareSource Privacy Officer.

FRAUD, WASTE AND ABUSE

CareSource has a program designed to handle cases of fraud, waste and abuse. Fraud can be committed by providers or members. Examples of provider fraud include doctors or other health care providers who:

- Prescribe drugs, equipment or services that you feel are unnecessary
- Schedule more frequent return visits than you feel are necessary
- Bill for services not provided to you

The following examples are considered member fraud. CareSource monitors these member activities:

- Members who share their Montgomery County Care ID card with other people
- Members who use the Montgomery County Care program to obtain controlled substances or services that they do not need
- Altering prescriptions

If you suspect fraud

If you think a provider or a CareSource member is committing fraud or abuse, you should report it to us by:

- Calling **1-877-892-7482** (TTY for the hearing impaired: 1-800-750-0750 or 711) and selecting the menu option for reporting fraud; or
- Writing us a letter and sending to:
CareSource
Attn: Special Investigations Unit
P.O. Box 1940
Dayton, OH 45401-1940

You do not have to give us your name when you write or call. There are other ways you may contact us that are not anonymous. If you are not concerned about giving your

name, you may also use one of the following means to contact us:

Fraud Email: fraud@caresource.com

Fraud Fax: 1-800-418-0248

When you report suspected fraud and/or abuse, please give us detailed information that includes a clear description of what you believe has happened and the names and phone numbers of those involved, if you have them. If you choose not to leave your name, we will not be able to call you back for more information so leave as many details as possible. Your message will be kept confidential to the extent permitted by law.

USING ADVANCE DIRECTIVES TO STATE YOUR WISHES ABOUT YOUR MEDICAL CARE

Many people today worry about the medical care they would get if they became too sick to make their wishes known.

Some people may not want to spend months or years on life support. Others may want every step taken to lengthen life.

You Have a Choice

A growing number of people are acting to make their wishes known. You can state your medical care wishes in writing while you are healthy and able to choose.

Your health care facility must explain your right to state your wishes about medical care. It also must ask you if you have put your wishes in writing.

This information explains your rights under Ohio law to accept or refuse medical care. It will help you choose your own medical care.

This information also explains how you can state your wishes about the care you would want if you could not choose for yourself.

This information does not contain legal advice, but will help you understand your rights under the law.

For legal advice, you may want to talk to a lawyer. For information about free legal services, call **1-800-589-5888**, Monday through Friday, 8:30 a.m. to 5 p.m.

What are my rights to choose my medical care?

You have the right to choose your own medical care. If you don't want a certain type of care, you have the right to tell your doctor you don't want it.



What if I'm too sick to decide? What if I can't make my wishes known?

Most people can make their wishes about their medical care known to their doctors. But some people become too sick to tell their doctors about the type of care they want. Under Ohio law, you have the right to fill out a form while

you're able to act for yourself. The form tells your doctors what you want done if you can't make your wishes known.

What kinds of forms are there?

Under Ohio law, there are four different forms, or advance directives, you can use. You can use either a Living Will, a Declaration for Mental Health Treatment, a Durable Power of Attorney for medical care or a Do Not Resuscitate (DNR) Order.

You fill out an advance directive while you're able to act for yourself. The advance directive lets your doctor and others know your wishes about medical care.

Do I have to fill out an advance directive before I get medical care?

No. No one can make you fill out an advance directive. You decide if you want to fill one out.

Who can fill out an advance directive?

Anyone 18 years old or older who is of sound mind and can make his or her own decisions can fill one out.

Do I need a lawyer?

No, you don't need a lawyer to fill out an advance directive. Still, you may decide you want to talk with a lawyer.

Do the people giving me medical care have to follow my wishes?

Yes, if your wishes follow state law. However, Ohio law includes a conscience clause. A person giving you medical care may not be able to follow your wishes because they go against his or her conscience. If so,

they will help you find someone else who will follow your wishes.

Living Will

This form allows you to put your wishes about your medical care in writing. You can choose what you would want if you were too sick to make your wishes known. You can state when you would or would not want food and water supplied artificially.

How does a Living Will work?

A Living Will states how much you want to use life-support methods to lengthen your life. It takes effect only when you are:

- In a coma that is not expected to end, *OR*
- Beyond medical help with no hope of getting better and can't make your wishes known, *OR*
- Expected to die and can't make your wishes known.

The people giving you medical care must do what you say in your Living Will. A Living Will gives them the right to follow your wishes.

Only you can change or cancel your Living Will. You can do so at any time.

Do Not Resuscitate Order

State regulations offer a Do Not Resuscitate (DNR) Comfort Care and Comfort Care Arrest Protocol as developed by the Ohio Department of Health. A DNR Order means a directive issued by a physician or, under certain circumstances, a certified nurse practitioner or clinical nurse specialist, which identifies a person and specifies that CPR should not be administered to the person so identified. CPR means cardiopulmonary resuscitation or a component of cardiopulmonary resuscitation, but it does not include clearing a person's airway for a purpose other than as a component of CPR.

The DNR Comfort Care and Comfort Care Arrest Protocol lists the specific actions that paramedics, emergency medical technicians, physicians or nurses will take when attending to a patient with a DNR Comfort Care or Comfort Care Arrest order. The protocol also lists what specific actions will not be taken.

You should talk to your doctor about the DNR Comfort Care and Comfort Care Arrest order and protocol options.

Durable Power of Attorney

A Durable Power of Attorney for medical care is different from other types of powers of attorney. This information is only about a Durable Power of Attorney for medical care, not about other types of powers of attorney.

A Durable Power of Attorney allows you to choose someone to carry out your wishes for your medical care. The person acts for you if you can't act for yourself. This could be for a short or a long while.

Who should I choose?

You can choose any adult relative or friend whom you trust to act for you when you can't act for yourself. Be sure to talk with the person about what you want. Then write down what you do or don't want on your form. You should also talk to your doctor about what you want. The person you choose must follow your wishes.

When does my Durable Power of Attorney for medical care take effect?

The form takes effect only when you can't choose your care for yourself, whether for a short or long while.

The form allows your relative or friend to stop life support only in the following circumstances:

- If you are in a coma that is not expected to end,
OR
- If you are expected to die.

Declaration For Mental Health Treatment

A Declaration for Mental Health Treatment gives more specific attention to mental health care. It allows a person, while capable, to appoint a proxy to make decisions on his or her behalf when he or she lacks the capacity to make a decision. In addition, the declaration can set forth certain wishes regarding treatment. The person can indicate medication and treatment preferences, and preferences concerning admission/retention in a facility.

The Declaration for Mental Health Treatment supersedes a Durable Power of Attorney for mental health care, but does not supersede a Living Will.

What is the difference between a Durable Power of Attorney for medical care and a Living Will?

Your Living Will explains, in writing, the type of medical care you would want if you couldn't make your wishes known.

Your Durable Power of Attorney lets you choose someone to carry out your wishes for medical care when you can't act for yourself.

If I have a Durable Power of Attorney for medical care, do I need a Living Will, too?

You may want both. Each addresses different parts of your medical care.

A Living Will makes your wishes known directly to your doctors, but states only your wishes about the use of life-support methods.

A Durable Power of Attorney for medical care allows a person you choose to carry out your wishes for all of your medical care when you can't act for yourself. A Durable Power of Attorney for medical care does not supersede a Living Will.



Can I change my advance directive?

Yes, you can change your advance directive whenever you want.

If you already have an advance directive, make sure it follows Ohio's law (effective October 10, 1991). You may want to contact a lawyer for help. It is a good idea to look over your advance directives from time to time. Make sure they still say what you want and that they cover all areas.

If I don't have an advance directive, who chooses my medical care when I can't?

Ohio law allows your next-of-kin to choose your medical care if you are expected to die and can't act for yourself. If you are in a coma that is not expected to end, your next-of-kin could decide to stop or not use life support after 12 months. Your next-of-kin may be able to decide to stop or not use artificially supplied food and water also.

Other matters to think about

What about stopping or not using artificially supplied food and water?

Artificially supplied food and water means nutrition supplied by way of tubes placed inside you. Whether you can decide

to stop or not use these depends on your state of health.

- If you are expected to die and can't make your wishes known, and your Living Will simply states you don't want life-support methods used to lengthen your life, then artificially supplied food and water can be stopped or not used.
- If you are expected to die and can't make your wishes known, and you don't have a Living Will, then Ohio law allows your next-of-kin to stop or not use artificially supplied food and water.
- If you are in a coma that is not expected to end, and your Living Will states you don't want artificially supplied food and water, then artificially supplied food and water may be stopped or not used.
- If you are in a coma that is not expected to end, and you don't have a Living Will, then Ohio law allows your next-of-kin to stop or not use artificially supplied food and water. However, he or she must wait 12 months and get approval from a probate court.

By filling out an advance directive, am I taking part in euthanasia or assisted suicide?

No, Ohio law doesn't allow euthanasia or assisted suicide.

Where do I get advance directive forms?

Many of the people and places that give you medical care have advance directive forms. Ask the person who gave you this information for an advance directive form — either a Living Will, a Durable Power of Attorney for medical care, a DNR Order, or a Declaration for Mental Health Treatment. A lawyer could also help you.

What do I do with my forms after filling them out?

You should give copies to your doctor and health care facility to put into your medical record. Give one to a trusted family member or friend. If you have chosen someone in a Durable Power of Attorney for medical care, give that person a copy.

Put a copy with your personal papers. You may want to give one to your lawyer or clergy person.

Be sure to tell your family or friends about what you have done. Don't just put these forms away and forget about them.

Organ and Tissue Donation

Ohioans can choose whether they would like their organs and tissues to be donated to others in the event of their death. By making their preference known, they can ensure that their wishes will be carried out immediately and that their families and loved ones will not have the burden of making this decision at an already difficult time. Some examples of organs that can be donated are the heart, lungs, liver, kidneys and pancreas. Some examples of tissues that can be donated are skin, bone, ligaments, veins and eyes.

There are two ways to register to become an organ and tissue donor:

1. You can state your wishes for organ and/or tissue donation when you obtain or renew your Ohio Driver License or State I.D. Card, or
2. You can complete the Donor Registry Enrollment Form that is attached to the Ohio Living Will Form, and return it to the Ohio Bureau of Motor Vehicles.

This advance directive information is endorsed by the following organizations:

Association of Ohio Philanthropic Homes and Housing for the Aging

Office of the Attorney General, State of Ohio

Ohio Academy of Nursing Homes

Ohio Council for Home Care

Ohio Department of Aging

Ohio Department of Health

Ohio Department of Job and Family Services

Ohio Department of Mental Health

Ohio Health Care Association

Ohio Hospice Organization

Ohio Hospital Association

Ohio State Bar Association

Ohio State Medical Association

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